FEC

STATEMENT OF

PAGE 1 / 10 ·

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Aftab for Ohio PO Box 713 ADDRESS (number and street) (Check if address is changed) Cincinnati 45201 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@aftabforohio.com (Check if address is changed) Optional Second E-Mail Address zamore@capcompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) aftabforohio.com (Check if address is changed) DATE 2018 C00667519 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Nolan, Evan, , , Type or Print Name of Treasurer Nolan, Evan,,, [Electronically Filed] 10 15 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

TYPE OF COMMITTEE Candidate Committee: (a)	e OH
Candidate Committee: (a)	e OH
This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.) Name of Candidate Party Affiliation DEM Office Sought: House Senate President Distr This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of	e OH
information below.) Name of Candidate Candidate Party Affiliation DEM Office Sought: House Senate President Distr (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of	e OH
Name of Candidate Candidate Party Affiliation DEM Office Sought: House Senate President Distr (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of	01
Party Affiliation DEM Sought: House Senate President Distr (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of	e
Name of	
Candidate	
Party Committee:	
(National, State (Democratical Committee is a republication or subordinate) committee of the Republication of the Republication or subordinate or subordinat	atic, an, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	rganization is a
Corporation Corporation w/o Capital Stock Labor C	Organization
Membership Organization Trade Association Cooper	rative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
	e political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	
committees/organizations, none of which is an authorized committee of a federal candidate.	
committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser	
committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1.	

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam		. ago c
Aftab for Ohio		
	Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
-		
MA for a Majority		
Mailing Address	918 Pennsylvania Ave SE	
	Washington DC 2	0003
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person	n in possession of committee
Nolan, E	/an, , ,	
Full Name	255 E Fifth St	
Mailing Address	24th FI	
	Cincinnati OH 1	15202
	Circinial	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
3. Treasurer: List the name all any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Full Name Nolan, Ev	van, , ,	
of Treasurer		
Mailing Address		
	24th Fl	
		5202
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	

FEC Form 1 ((Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes Name of Bank, Depo	positories: List all banks or other depositories in which the committee deposits funds, hole or maintains funds. pository, etc.	
Name of Bank, Depo	or maintains funds.	
Name of Bank, Depo	or maintains funds. sitory, etc. fth Third Bank 38 Fountain Pl	ZIP CODE
Name of Bank, Depo	or maintains funds. sitory, etc. fth Third Bank 38 Fountain Pl Cincinnati OH 45202 CITY STATE	ZIP CODE
Name of Bank, Depo	or maintains funds. psitory, etc. fth Third Bank 38 Fountain Pl Cincinnati CITY STATE psitory, etc. malgamated Bank	ZIP CODE
Name of Bank, Depo	or maintains funds. psitory, etc. fth Third Bank 38 Fountain PI Cincinnati CITY STATE psitory, etc. malgamated Bank	ZIP CODE
Name of Bank, Depo Fill Mailing Address Name of Bank, Depo Ar	or maintains funds. psitory, etc. fth Third Bank 38 Fountain Pl Cincinnati CITY STATE psitory, etc. malgamated Bank	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

h). Joint Fundraisi		FEC ID number	C
1.		FEC ID number	
2.			C
3.		FEC ID number	С
4.		FEC ID number	C
ama of Any Connector	d Organization, Affiliated Committee, Joint Fund	Iroining Donrocontative	a ar Landarahin DAC Span
Take Back the H	_	iraising nepresentative	e, or Leadership FAC Spon
Mailing Address	918 Pennsylvania Ave SE		
ag / laa			
	Washington	, DC	20003
Deletienskin			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	nt Fundraising Representa	ative Leadership PAC S
Connecte	ed Organization Affiliated Committee	nt Fundraising Representa	ative Leadership PAC S
	ed Organization Affiliated Committee Join Join fy by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC S
		nt Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY ▲ Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and ma	fy by name, address (phone number – optional) CITY ▲ Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY ▲ Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY ▲ Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY ▲ Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY ▲ Ories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

Makers Fund 415 New Jo Washington	Affiliated Committee ersey Ave SE Affiliated Committee Affiliated Committee		FEC II	DC STATE A	C C C e, or Lead	
Makers Fund 415 New Jo Washington	ersey Ave SE		FEC III	onumber onumber oresentative	C C e, or Lead	03 -
Makers Fund 415 New Jo Washington	ersey Ave SE		FEC IE	onumber presentative	C	03 -
Makers Fund 415 New Jo Washington	ersey Ave SE		draising Rep	DC STATE A	e, or Lead	03 -
Makers Fund 415 New Jo Washington	ersey Ave SE			DC STATE A		03 -
Makers Fund 415 New Jo Washington	ersey Ave SE			DC STATE A		03 -
415 New Journal Washington	n CITY ▲	ittee 🗶 Joi	int Fundraising	STATE ▲	2000	
Washington Dected Organization	n CITY ▲	ittee 🗶 Joi	int Fundraising	STATE ▲	2000	
Washington Dected Organization	n CITY ▲	ittee x Joi	int Fundraising	STATE ▲	2000	
Washington Dected Organization	n CITY ▲	ittee x Joi	int Fundraising	STATE ▲	2000	
nected Organization	CITY ▲ Affiliated Comm	ittee x Joi	int Fundraising	STATE ▲	2000	
nected Organization	CITY ▲ Affiliated Comm	ittee x Joi	int Fundraising	STATE ▲	2000	
	Affiliated Comm	ittee x Joi	int Fundraisinç			ZIP CODE ▲
		ittee 🗶 Jo	int Fundraising	. D		
		1 1 1 1				
			1			
FION -	CITY ▲			STATE A		ZIP CODE ▲
HON ▼		. 1	Talanhana N	umbor	1_1	l I <u>-</u> I .
			relephone iv	umber		
_		positories: List all banks or other depositor maintains funds.	positories: List all banks or other depositories in which or maintains funds.	Telephone No stories: List all banks or other depositories in which the commit	Telephone Number Dositories: List all banks or other depositories in which the committee deposit	Telephone Number Telephone Number Positories: List all banks or other depositories in which the committee deposits funds, h

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page _____ **of** ______

(h). Joint Fundraisi r	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected Aftab Swing Left	Organization, Affiliated Committee, Joint Fund Fund 2018	draising Representative	e, or Leadership PAC Spons
Mailing Address	918 Pennsylvania Ave SE		
	Washington	DC DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		int Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif	od Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif	od Organization Affiliated Committee	int Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identif	od Organization Affiliated Committee	int Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identif	Affiliated Committee y Joint fy by name, address (phone number – optional)		
Connecte Designated Agent: Identif	Affiliated Committee Joint Jo	int Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identification Full Name Mailing Address	Affiliated Committee Joint J		
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Y Jointy by name, address (phone number – optional) CITY CITY CITY Dries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the composition of Bank, Depository, etc.	Affiliated Committee Y Jointy by name, address (phone number – optional) CITY CITY CITY Dries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

(h). Joint Fundraisi			
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Digidems Commi	ttee		
Mailing Address	8391 Beverly Blvd		
	Ste 638		
	Los Angeles	CA	90048
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee	loint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identif			ative Leadership PAC Spo
Designated Agent: Identif			ative Leadership PAC Spo
Designated Agent: Identif			ative Leadership PAC Spo
Designated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional		Leadership PAC Spo
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional		
Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite cafety deposit boxes or management of Bank,	y by name, address (phone number – optional CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	y by name, address (phone number – optional CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ___ **of** ____

h). Joint Fundraisi			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Pureval Ohio Vic	tory Fund		
Mailing Address	PO Box 9		
	Lexington		40588
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC Sp
	Affiliated Committee	t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

1.		
Name of Any Connected Organization, Affiliated Committee, Jo Lead the Way Mailing Address 1887 Whitney Mesa Dr Ste 2980 Henderson Relationship: Connected Organization Affiliated Committee Designated Agent: Identify by name, address (phone number − op Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ CITY ▲ Banks or Other Depositories: List all banks or other depositories safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	FEC ID number	C
Name of Any Connected Organization, Affiliated Committee, Jo Lead the Way Mailing Address 1887 Whitney Mesa Dr Ste 2980 Henderson Relationship: Connected Organization Affiliated Committee Designated Agent: Identify by name, address (phone number − op Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ CITY A CI	FEC ID number	C
Name of Any Connected Organization, Affiliated Committee, Jo Lead the Way Mailing Address Ste 2980 Henderson Relationship: Connected Organization Affiliated Committee Designated Agent: Identify by name, address (phone number – op Full Name Mailing Address TITLE OR POSITION CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY	FEC ID number	С
Mailing Address 1887 Whitney Mesa Dr	FEC ID number	C
Mailing Address 1887 Whitney Mesa Dr Ste 2980 Henderson Connected Organization Affiliated Committee Consider Agent: Identify by name, address (phone number – op Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ CITY ▲ CITY ▲ CITY ▲ CITY ▲ CITY A	nt Fundraising Representative	e, or Leadership PAC Spons
Ste 2980 Henderson Connected Organization Affiliated Committee Designated Agent: Identify by name, address (phone number − op Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ CITY A C		
Ste 2980 Henderson Connected Organization Affiliated Committee Designated Agent: Identify by name, address (phone number − op Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ CITY ▲ CITY ▲ CITY ▲ Banks or Other Depositories: List all banks or other depositories safety deposit boxes or maintains funds. Name of Bank, Depository, etc.		
Relationship: Connected Organization Affiliated Committee Designated Agent: Identify by name, address (phone number – op Full Name Mailing Address TITLE OR POSITION CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY		
Relationship: Connected Organization Affiliated Committee Designated Agent: Identify by name, address (phone number – op Full Name Mailing Address TITLE OR POSITION CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY		
Connected Organization Affiliated Committee Designated Agent: Identify by name, address (phone number – op Full Name Mailing Address TITLE OR POSITION CITY Banks or Other Depositories: List all banks or other depositories safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	NV NV	89014
Designated Agent: Identify by name, address (phone number – op Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ Banks or Other Depositories: List all banks or other depositories safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	STATE ▲	ZIP CODE ▲
Full Name Mailing Address CITY ▲ TITLE OR POSITION ▼ CITY ▲ Banks or Other Depositories: List all banks or other depositories afety deposit boxes or maintains funds. Name of Bank, Depository, etc.	Joint Fundraising Representa	ative Leadership PAC Spo
TITLE OR POSITION CITY Banks or Other Depositories: List all banks or other depositories safety deposit boxes or maintains funds. Name of Bank, Depository, etc.		
Banks or Other Depositories: List all banks or other depositories safety deposit boxes or maintains funds. Name of Bank, Depository, etc.		
Banks or Other Depositories: List all banks or other depositories safety deposit boxes or maintains funds. Name of Bank, Depository, etc.		
Banks or Other Depositories: List all banks or other depositories safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	STATE A	ZIP CODE ▲
Safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	Telephone Number	
Mailing Address	in which the committee deposit	s funds, holds accounts, rents
·		